

DEVELOPMENT SERVICES DEPARTMENT
Building Safety Division



14455 W. Van Buren St. Ste. D101
Goodyear, AZ 85338
Phone: (623) 932-3005
Web site: www.goodyearaz.gov

ASSISTED LIVING FACILITY PERMIT APPLICATION

Project Name: _____ Property Address: _____ APN: _____ Sq. Ft.: _____ Project Valuation: _____ Construction Type: _____ Property Owner: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Are Occupants Capable of Self-Preservation? Yes _____ No _____ Total Number of Occupants: _____ (check applicable box below) <input type="checkbox"/> R-3 (1-5) <input type="checkbox"/> R-4 Condition 1 (6-10) <input type="checkbox"/> R-4 Condition 2 (6-10 occupants not capable of self-preservation) <input type="checkbox"/> I-1 (11 or more) <input type="checkbox"/> I-2 (>11 or more)	Contact Person: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone#: _____ Email: _____ Licensed Contractor: (If Required) (Required prior to permit issuance!) Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ ROC License #: _____ Class: _____ AZ State Tax #: _____ Phone #: _____ Contact name & phone# for inspections: _____ Signature of Owner/Owner's Representative: _____ Date: _____
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PLEASE CHECK ALL APPLICABLE BOXES

Building Safety Requirements

- ☐ Completed Assisted Living Facility Permit Application
☐ Plan Review Fees only - due at the time the submittal is made
☐ Project Data ☐ Site/Location Plan
☐ Design Professional's Seal, Signed, Dated, Expiration Date(not required for R-3)
☐ Index Sheet – All Sheets Referenced in Plan Set ☐ Floor Plan Locating Smoke Detectors and Egress Windows Types & Sizes (openable dimensions)
☐ Detail Sheet(s), Walls, ADA, etc ☐ Electrical ☐ Plumbing ☐ Mechanical

Planning Requirements

- ☐ Fees: \$265.00 (7-10 residents) ☐ R-3 Occupancy- Planning approves State form
☐ R-4 Condition 1, R-4 Condition 2 Occupancies – Planning approval required
☐ I-1, I-2 Occupancies – Planning and Engineering approvals required

Type of State License (please check below):

- ☐ **Assisted Living Home** ☐ **Behavioral Health**
☐ Directed Care Services ☐ Level 2
☐ Personal Care Services ☐ Level 3
☐ Supervisory Care Services ☐ **Group Home for the Developmentally Disabled** ☐ **Other** _____

Fire Permit Requirements

- ☐ R-3 (1-5 Occupants) Fire suppression system is not required
☐ R-4 Condition 1 (6-10 Occupants) (NFPA 13, 13R, or 13D fire suppression system required)*
☐ R-4 Condition 2 (6-10 Occupants) (NFPA 13 or 13R fire suppression system required)*
☐ I-1 (11 or more) (NFPA 13, 13R, or 13D fire suppression system required)*
☐ I-2 (11 or more) (NFPA 13 fire suppression system required)*

SEPARATE APPLICATION, PLAN SUBMITTAL, AND FEES REQUIRED:

- ☐ Fire Sprinkler System. Specify NFPA Std _____
☐ Fire Alarm System (monitoring required for NFPA 13 & 13R)

*Fire sprinklers shall be installed throughout the structure and the garage. Additionally, R-4 Condition 2 occupancies require sprinklers in attics and concealed spaces of/or containing combustible materials.

Date Filed: _____ Rcvd By: _____ Permit #: _____ Plan Review Fee Rcvd: _____

DEFERRAL REQUEST APPLICATION

<p>Project Name: _____ Permit #: _____</p> <p>Property Address: _____</p> <p>Sq. Ft.: _____ Parcel #: _____ Lot#: _____</p> <p>Associated Building Permit #: _____</p> <p>Project valuation: _____ City's valuation: _____</p> <p>Property/Business Owner: _____</p> <p>Architect/Engineer _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> <p>I _____ acknowledge and agree to comply with the statement below pertaining to deferral of plans.</p> <p>Signature of Architect/Engineer _____ Date _____</p>	<p>Contact Person: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____</p> <p>I _____ acknowledge and agree to comply with the statement below pertaining to deferral of plans.</p> <p>Signature of Owner/Owner's Representative _____ Date _____</p> <p>Licensed Contractor: <u>(Contractor performing work to be deferred – if contractor is known at this time). If more than one contractor involved, additional contractor information may be attached.</u></p> <p>Company Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>ROC License #: _____ Class: _____</p> <p>AZ State Tax #: _____ Phone #: _____</p> <p>I _____ acknowledge and agree to comply with the statement below pertaining to deferral of plans.</p> <p>Signature of Contractor _____ Date _____</p>												
<p>Deferred permit application submittals shall be obtained within 45 calendar days of issuance date of the building permit. In addition, no rough (frame, electrical, plumbing, or mechanical) inspections shall be scheduled prior to the issuance of <u>all</u> permits and/or approvals of deferred plans and/or deferred permit applications.</p> <p>If the permits and/or approvals of all deferred plans and deferred permit application submittals have not been obtained within 45 calendar days of the issuance of the building permit for this project, the Chief Building Official shall issue a stop work order on all work at the site.</p> <p><i>NOTE: The review time for deferred plans submittals and deferred permit applications submittals is longer than 45 calendar day time period. Applicant needs to consider the applicable review time frames and submit the deferred plans and permit application submittals well before having the building permit issued.</i></p>	<p style="text-align: center;"><u>LIST ALL SUBMITTALS TO BE REQUESTED FOR DEFERRAL</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr> <tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr> <tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr> <tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr> <tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr> <tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr> </table> <p>Signature of Chief Building Official _____ Date _____</p>												